

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

August 10, 2003

**Re: IRO Case # M2-03-1550**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 36-year-old male who was injured on \_\_\_ when he was lifting an object and fell, landing on his buttocks, and developed back pain. Chiropractic rehabilitation, medication and ESIs were of no significant benefit. An MRI of the lumbar spine on 3/27/03 suggested the L4-5 level as the probable source of discomfort, as there were changes at that level compatible with pain production. CT myelographic evaluation was requested, but both the patient and the carrier decided against it. The patient demonstrates general features suggesting lumbar disk pathology as the source of his trouble, but there is no neurologic deficit and straight leg raising is negative. There is nothing on physical examination to suggest which level may be the source of difficulty.

Requested Service(s)

Provocative Discogram

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

There is nothing on examination to suggest whether or not the L4-5 level, which is the level most suggestive of trouble, is definitely the level to be cared for if surgery is pursued. Three-level discography often gives information that is helpful in determining where a surgical procedure should be performed. Of course, if the patient does not want surgery on his back, then pursuing discography would not be indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12<sup>th</sup> day of August 2003.